

Global AIDS Program (GAP)



Under the direction of the U.S. Global AIDS Coordinator's Office, the HHS/CDC Global AIDS Program (GAP) is a proud partner in the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief. GAP helps resource-constrained countries prevent HIV infection; improve treatment, care, and support for people living with HIV; and build capacity and infrastructure to address the global HIV/AIDS pandemic.

Making an Impact: *Stories from the Field — Kenya*



HIV counselor signs for the deaf at voluntary HIV counseling and testing (VCT) center in Nairobi, Kenya.

Largely as a result of U.S. Government efforts, access to VCT services in Kenya has increased significantly since 2000, and there are now more than 400 VCT sites in the country, including three new centers serving Kenya's deaf community.

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Nearly 900,000 deaf citizens in Kenya were left behind when HIV education and access to HIV/AIDS counseling and testing services in Kenya began increasing dramatically in 2000. The deaf, more than any other people with disabilities in Kenya, were cut off from this vital information because radio is the prime mode of communication used for AIDS education and awareness.

"Not only were the deaf unaware of the HIV prevention messages that have been widely communicated to the general population in the past years, they are especially vulnerable to HIV/AIDS due to their vulnerability for abuse and violence," says **Prince N. Bahati**, MBA, Consultancy Services Manager with Liverpool VCT and Care Project (LVCT), a collaboration between the Kenya Medical Research Institute and the Liverpool School of Tropical Medicine.

The Global AIDS Program (GAP) supported a comprehensive public media campaign including print, radio, television, and billboards to promote VCT beginning in 2001. "The country was blanketed with messages encouraging Kenyans to 'know your status.' The stunning success of this campaign led to a somewhat unintended secondary impact – it became the "in" thing to do to have your own VCT center," notes **Dr. Elizabeth Marum**, Section Chief for HIV Prevention with GAP in Kenya. "Another unexpected benefit was that special interest groups, such as the Kenya Association of the Deaf, approached us to request VCT services for individuals with special needs."

To increase access for the deaf to AIDS education and services, GAP supported a collaboration between the Kenya National Association of the Deaf and LVCT. The first step was to conduct a thorough needs assessment. "The deaf community has its own culture. There was a huge knowledge gap between what we know about HIV/AIDS and what this community understood. If we had not conducted a needs assessment, we would have failed to provide appropriate services," Bahati says.

Using sign language, LVCT trained six deaf counselors and six deaf community peer educators. "The deaf community is affected by poverty and largely uneducated. As a result, the deaf often make their own signs. This creates regional differences in sign language," notes Bahati. "It took energy and commitment for me and the other trainers to learn the differences in sign language."

LVCT launched the first VCT center for the deaf in February 2004. Counselors at the center report that many deaf clients have little or no knowledge of AIDS. One sign language interpreter and counselor says, "The deaf get angry at the results. They get angry at the fact that they lacked information on how to protect themselves. But with post-test counseling, they get to understand that all is not lost and they can live positively."

By the end of March 2004, a total of 325 deaf clients had received VCT services at the Nairobi center; 14% of the women and 5% of the men were HIV-positive. Those clients with HIV were referred to a clinic operated by LVCT with staff knowledgeable in sign language. Additional U.S. Government funds are being provided so that deaf clients can receive free ART.